

ARIZONA STATE BOARD OF NURSING

SCHOOL NURSE INITIAL CERTIFICATION INSTRUCTIONS

QUALIFICATIONS

All Registered Nurses seeking **initial** certification through the Board to practice or continue to practice as a school nurse shall submit a completed application. The applicant must be currently licensed and in good standing as a Registered Nurse in Arizona.

Nurses who have **never** been certified as a school nurse in Arizona are not required to provide proof of educational requirements until renewal of certificate is required. Initial certification as a school nurse is valid for 3 years.

School nurses who were certified by the Department of Education (DOE) and who are applying for certification with the Board of Nursing shall **also** provide proof of completion of all of the following educational **requirements** for each level of completion:

First Level

Requirements for applicants who have previously been certified as a School Nurse by DOE or have had initial certification for 3 years



Three semester hours in each:

- school nurse practice course
- physical assessment of the school-aged child course
- nursing care of the child with developmental disabilities

Initial Level and First Level

certifications are good for three years.

Second Level

Requirements for School Nurses who have had one previous renewal with DOE or who have had **First** Level Certification for 3 years



A Bachelor of Science Degree in Nursing

OR

Three semester hours in:

- community health theory
- management theory
- either 3 semester hours of upper division or graduate credit in nursing or health related subjects from a regionally-accredited institution, **or** 45 hours continuing education related to nursing practice

Second Level certification

is valid for six years.

Third Level

Requirements for School Nurses who have had prior renewals with DOE, or who have had **Second** Level Certification for years, or who have had **Third** Level Certification for 3 or more years.



Six semester hours of:

- upper division or graduate credit in nursing or health related subjects from a regionally-accredited institution

OR

***Ninety** contact hours of:

- continuing education related to nursing practice

Third Level certification

is valid for six years.

Subsequent renewal is valid for six years.

FEES

- The fingerprinting fee is \$43.00 for applicants who have not submitted a fingerprint card to the board within the past 2 years.
- The application fee is \$35.00
- Fees may be paid by money order or check and made payable to the Arizona State Board of Nursing. All personal checks **must** be pre-printed with your name and address.
- All fees submitted must be in US dollars and are not refundable.

FINGERPRINTING

- Pursuant to A.R.S. § 32-1606(B)(15), each applicant for **initial** certification is required to submit a full set of fingerprints with the completed application if you have not submitted fingerprints to ASBN within the past 2 years.
- If you download an application off the website (www.azbn.gov) and submit the completed application to ASBN, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from ASBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive certification until these results are received.

Processing of an application, may take up to 30 days.

TIME FRAMES FOR CERTIFICATION:

The Board is required to process applications for certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be certified.
- Deficiency notice:
Time to respond: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
The table below specifies the number of days an applicant has to respond to a deficiency notice.
- Comprehensive written request:
Time to respond: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
The table below specifies the number of days an applicant has to respond to a comprehensive written request.
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant certification. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAME TABLE

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	150 days	30 days	270 days	120 days	150 days
WITH INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	270 days	30 days	270 days	240 days	150 days

For more information regarding the time frames for certification, consult A.A.C. R4-19-102. For assistance with the application process for certification, contact Donna Frye at (602) 889-5194. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining certification, you must submit a new application and applicable fees.

To obtain an application for
SCHOOL NURSE CERTIFICATION
go to our Website and download an application.
www.azbn.gov

Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
Phone: 602-889-5150 Fax: 602-889-5155
E-mail: Arizona@azbn.gov

RNs/LPNs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Home Address/Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the *correct* fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ **Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, add \$25 for license fee)
- ☐ **Endorsement Applicants**: If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

ADVANCED PRACTICE OR SCHOOL NURSE

- ☐ \$135 – **Nurse Practitioner fee** for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$100 – **Prescribing & Dispensing Authority fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$100 – **Clinical Nurse Specialist fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$50 – **CRNA Prescribing fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$35 – **School Nurse initial** certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$25 – **School Nurse renewal** certification fee
- ☐ \$43 – Fingerprint fee

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

ARIZONA STATE BOARD OF NURSING

4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653
(602) 889-5150 FAX (602) 889-5155
Email: arizona@azbn.gov
Website: www.azbn.gov

**APPLICATION FOR
SCHOOL NURSE CERTIFICATION****PLEASE NOTE:**

- Type Or Black Ink Only
- Processing of an application may take up to 30 days

First Name _____

First

Middle Name _____

Maiden Name _____

LAST NAME _____

Last

Former Name(s) _____

AZ RN License No. _____

Social Security Number* _____

*Disclosure Is Mandatory

Current Status of Arizona RN License: _____

Mailing Address _____

Street Address

City

State

ZIP

Telephone No.

(H) _____

AREA CODE & TELEPHONE NO.

(W) _____

AREA CODE & TELEPHONE NO.

Education:	Name and Location of School	No. Years	Grad Date	Type of Certificate or Degree
Nursing Program	Name:			
	City/State:			

Have you taken and passed a national certification examination?

☐

No

☐

Yes

If yes:

a. Name of certifying organization: _____ c. Cert. # _____

b. Specialty area: _____ d. Date of certification: _____

FOR OFFICIAL USE ONLY

NCNET CHECK _____

CERTIFICATE #. _____ DATE ISSUED _____ DATE EXPIRED _____

Employment in Nursing:

Current Employer:

Name: _____

Employed From _____

Address: _____

Position: _____

Employer Phone # _____

Previous Employer if current employment is less than 12 months:

Name: _____ Employed From: _____ to _____

Address: _____ Position: _____

_____ Employer Phone #: _____

Date first certified by Arizona Department of Education (ADOE) _____ (if applicable).

Number of renewals by Arizona Department of Education 0 1 2 3 4 **(circle one)**

Expiration date of **last** certification by Arizona Department of Education _____.

Educational Courses Completed

NOTE: You must provide a transcript or continuing education certificate for each course completed.

Check all boxes that apply:

First Level

(Requirement for applicants who have previously been certified as a School Nurse by the Department of Education)

Three Semester Hours in each:

- ☐ School nurse practice course work
- ☐ Physical assessment of the school-aged child course
- ☐ Nursing care of the child with developmental disabilities

Second Level

(Requirements for School Nurses who have had one previous renewal with the Department of Education)

- ☐ A Bachelor of Science Degree in Nursing

OR

Three Semester Hours in each:

- ☐ Community Health Theory
- ☐ Management Theory
- ☐ Either 3 semester hours of upper division or graduate credit in nursing or health-related subjects from a regionally-accredited institution, or 45 hours continued education related to nursing practice

Third Level

(Requirements for School Nurses who have renewed with the Department of Education more than one time)

Six Semester Hours

- ☐ Upper division or graduate credit in nursing or health related subjects from a regionally accredited institution

OR

Ninety Contact Hours

- ☐ Continuing education related to nursing practice

Initial Level and First Level
certifications are good for three years.

Second Level certification
is valid for six years.

Third Level certification
Is valid for six years.
Subsequent renewal is valid
for six years.

The following 2 questions must be answered completely in order to process your application.

1. Are you currently under investigation or is disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ NO ☐ YES If yes, **include** with your application a detailed explanation and a copy of the paperwork regarding current investigation or pending disciplinary action.

Before answering the next question, read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated, or that your civil rights have been restored does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

2. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had deferred prosecution or deferred sentence in any **felony** or undesignated offense?

☐ NO ☐ YES If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the sentence for each felony conviction has been **COMPLETED** or provide proof that the conviction was designated a misdemeanor.

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and the rules of the Arizona Board of Nursing; that he/she has read and he/she understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Signature of Applicant

Date

**Please staple all three pages of the application together
and mail to:**

**Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653**

Effective January 1, 2008, based on Federal and State Laws, all applicants must provide evidence of citizenship or nationality.

Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

If the Board has received your application after 1/1/08, and the application did not ask you a question about citizenship, you will be required to complete a form and submit documentation evidencing citizenship or nationality prior to receiving your license/certification.

ARIZONA STATE BOARD OF NURSING
ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I – APPLICANT INFORMATION

Applicant's Name (Print or type) _____ Date: _____

Type of Application (check one) ☐ Initial Application ☐ Renewal

Type of License/Certification: ☐ RN ☐ LPN ☐ CNA ☐ AP ☐ CRNA ☐ SN

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front and back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality.

Name of document provided: _____

Are you a citizen or national of the United States? (Check one) ☐ YES ☐ NO

If the answer is "YES", where were you born? List city, state (or equivalent), and country/territory.

City: _____ State (or equivalent): _____ Country/Territory: _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III – ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front and back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501.

Name of document provided: _____

"Qualified Alien" Status (8 U.S.C. § 1621 (a) (1), - 1641 (b) and (c))

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration & Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212 (d) (5) of the INA.
- ☐ E. An alien whose deportation is being withheld under Section 243 (h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203 (a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501 (e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the U.S.

Nonimmigrant Status (8 U.S.C. § 1621 (a) (2))

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 *et seq.*] Nonimmigrant is persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101 (a) (15).

Alien Paroled into the United States for less than One Year (8 U.S.C. § 1621 (a) (3))

- ☐ J. An alien paroled into the United states for less than one year under Section 212 (d) (5) of the INA

Other Persons (8 U.S.C. § 1621 (c) (2) (A) and (C))

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ N. A person not described in categories 1-13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make person who fall into this category ineligible for licensure. See 8 U.S.C. § 1621 9a).

SECTION IV - DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the State of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S. National Status, or Alien Status

**REMINDER:
DON'T FORGET TO
ENCLOSE COPY
OF DOCUMENTATION**

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (6) Form N-561, Certificate of Citizenship;
- (7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for less than One year

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA